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## Original Department.

## Communications.

### CASES OF DISLOCATED LENS.

By W. T. Taliaferro, M. D,.

Of Cincinnati, Ohio.

A dislocated lens is of rare occurrence, and the history of cases may interest some of the numerous readers of the Medical and Surgical Reporter.

1. W. Garrison, a farmer, "fell head foremost to the earth from the top-rail of his high staked and rider worm fence," and dislocated the lens of his left eye. Five years subsequenty he visited me and desired its removal. He was a stout man and enjoying perfect health, except that he was blind of an eye. The lens was nearly white and filled the anterior chamber, and could only distinguish light. On the 8th of October, 1844, I made the usual section of the cornea with the superior cataract knife made by Charrière. Lens removed by forceps. I was assisted by my partner, the late N. T. Marshall, M. D.; present, Drs. L. M. Lawson and D. P. Strader, associates in my "Hotel for Invalids."

Garrison is now living and enjoying excellent health, twenty-two years since the operation, and can see with a cataract-glass of six-inch focus as well as with the other eye. I examined the eye October 1866.

2. J. Gregg, aged 19 years, was walking the street, on his way to a place celebrating the 4th of July, and was struck in the eye with a piece of percussion cap fired from a pistol. The cap entered the outer edge of the cornea, and became entangled in the nasal portion of the iris, easy to be seen. He called at my office in less than ten minutes, and after an examination, I informed him it could be removed in a minute, but he positively refused an operation, and returned to his father's residence twelve squares distant from the office. The following day the parent requested my attendance, when on visiting him I discovered the anterior chamber filled with blood, and the cap not to be seen. I advised an active aperient, recumbent position, and wet cold pledgets of soft linen constantly applied to the lids. I believed the eye hopelessly lost to all useful vision. On the seventh day, the eye was very red and inflammation intense, with continued pain until the twenty-first day after the accident. The persistent torture and emaciation brought him to the conclusion to "have his eye removed."

In the presence of a number of medical gentlemen and students, I made a section in the cornea in the usual manner of operating for extracting cataract; the contents of the anterior chamber flowed freely, of a deep-yellow serous consistence. Recollecting the location where I first saw the cap, I introduced a very delicate pair of forceps and caught the piece of cap, which with the iris was drawn down. A portion of the iris was snipped off and removed with the cap, the lids closed, the eye bandaged, and the patient placed in bed as soon as he recovered from the effects of chloroform. *He never had any pain after the operation.* I was assisted by G. Roberts, M. D.; present, Drs. L. M. Lawson, Chenoworth, McNeely, Thompson, and Lewis.

The patient recovered. The eye filled most beautifully. The fifth day, on removing the bandage, etc., to examine the eye, he exclaimed a few moments subsequently, "Doctor, I can see out of the eye."

It is now seven years since the operation. The inferior and inner third transversely, is filled

with an opacity. The upper and outer two-thirds remaining perfectly transparent. He can read and write by the aid of a lens of three-inch focus, and with a six-inch focus lens he can see as far as with his perfect eye. He will not wear a cataract glass, and is following his occupation as a carriage maker in this city.

3. I was visited by a young lady in the 37th year of her age, who was blind in the right eye. When ten years of age, while playing and running, she fell on her forehead with full force and dislocated the lens. October, 1865, I placed her under the full effects of chloroform, and operated on the eye, assisted by my partner, James H. Buckner, M. D. I made a linear section from the outer to the inner canthus of the cornea, and immediately removed a very hard bone-like lens. The pupil was largely dilated. After the removal of the lens not an unfavorable symptom occurred.

Miss C. was enabled to return home on the twentieth day after the operation. The lens had remained in the anterior chamber twenty-six years, and previous to the operation she could barely distinguish light. The pupil is perfect and responds to light and shade instantly.

Miss C. writes to me, "I can see letters half an inch with the aid of a lens of three-inch focus.

## MISTAKES IN SURGICAL DIAGNOSIS.

By Silas Kennedy, M. D.,

Of Clayton, Delaware.

One Friday, while Petersburg was being shelled, I walked into the infirmary of Gen. Mat. Ransom's brigade with the hope of meeting unemployed a few genial friends and clever surgeons. A slight skirmish in "front," however, had placed on the surgeon's table a fine looking soldier of seventeen years, and Dr. Ladd, of S. C., and Dr. Lucky, of N. C., were discussing the propriety of resecting the shaft of the humerus as I entered the room. My own favorable views toward resections and Dr. Ladd's also, had been so severely criticised by other and often abler military surgeons, that I was determined to give these operations the closest possible attention and the fairest sort of trial. Consequently, there were few who watched these cases with so much interest as myself.

In this case a rifle-ball entered on the deltoid and broke the left humerus at its upper and middle third, and did not pass out. The bone was somewhat shattered and the ends jagged. Resection was determined upon—Dr. Ladd operating—and an incision was made on the inner and back part of the arm, and the ends of the bone removed, in all not more than three-fourths of an inch. The wound was closed, and an hour later, when I returned to my infirmary at the "New Market," the patient was able to be sent to Fair Ground Hospital, distant about a mile. A few days later, I visited Dr. Ladd for the purpose of going with him to see our patient, when he informed me that he had been to the hospital the previous morning, but found our patient with his wounded arm off! The surgeon who amputated was not in when my friend called, and he could give no substantial reason for the removal of the limb.

I determined to prosecute this matter thoroughly, however unpleasant it might be. Dr. Ladd and myself proceeded to the hospital and found the surgeon in charge of the ward containing our patient. He was quite indignant at having his professional ability questioned, for he had held some honorable posts in civil professional life, and stood at the head of his brethren in the hospitals, but he stated distinctly that amputation was necessary in this case, because of *crushed bone and spiculæ, which had so lacerated the flesh that repair was impossible.* We then stated that we had examined the wound carefully before the patient left the field infirmary and were unable to find any pieces of bone whatever.

The ward surgeon then called up his three assistant surgeons, and all of them stated positively that they felt numerous spiculæ of bone in the wounded arm, and determined on the operation from that fact. The surgeon in charge stated that he was present while the examination was going on—did not examine for himself—but from the statement of those who were examining the wound, and from the threatening of violent inflammation in the future, he consented to the operation.

Certainly, doctors never differed more widely than in this case, and so far as the hospital doctors were concerned, Dr. Ladd and myself stood convicted of gross carelessness.

Up to this time, not one of them knew that the arm had been resected! and when we told them so, they denied it, and said this was another case. Could we be mistaken in our patient?

I re entered the ward, inquired his name, company, regiment, when wounded, what infirmary removed to, the surgeons that saw him. He remembered me, and Dr. Ladd he knew very well. I was convinced of the identity of our patient.

Our next move was to secure the lost arm. We went to my quarters, got an orderly and spade, then set out for the graveyard. We soon found

the digger and inquired, "How many arms and legs were buried here day before yesterday?" "Two legs and one arm," was the reply. "Where did you bury them?" I asked. He answered, "Just there next to the fence," and showed us the place the legs were in, and a separate spot where the arm was. The orderly exhumed it, and it was the counterpart of the arm on the patient, and besides, there was the wound made by the operating-knife still closed by three sutures. The arm was sent to my quarters, and Dr. LADD and myself went to the hospital again, and told the surgeons what we had done, but they could not be persuaded to come and examine the arm. The surgeon who amputated said that we could not *prove* it to be the arm in question. Then the clinching reply—"If this is not the arm of the patient I sent here, then it is a resected arm from some other man, and two outrages, instead of one, have been committed,"—was made by Dr. LADD as we retired.

The arm was now carefully opened, and a few small *crumbs* of bone was all that could be found. The hospital doctors had felt these through the bullet hole, and their fingers had magnified them into *spiculæ*, on which was determined the amputation. The condition of the flesh was very good, and we saw no reason for the opinion, that had the arm remained on, the ensuing inflammation would have been destructive to life or limb.

I reported this case to the Surgeon-General and the four hospital doctors were given to each of the four winds. They may afterward have been individually as careless, but the combination was spoiled for future injury in that hospital.

In resections the surgeon should save with the greatest care the pieces of bone as he removes them, and when he has completed the operation, place them accurately together with his hands, and then compare them in his mind with the bone before injury, and if there seems to be a deficiency, search well in the surrounding tissues of the wound, especially if there is no "exit wound" made by the missile, as frequently pieces of bone are driven two or three inches through the flesh. I had taken this precautiom in the above case, and was therefore certain that no "spiculæ of bone" could be found.

[To be continued.]

—— It is proposed to start a Medical Department of Cornell University, to be located in the city of New York.

## PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

BY E. P. BANNING, M. D.,

Of New York.

(Continued from page 146.)

### Definite Effects Upon the Primæ-viæ and Thoracic Organs.

Cases of great physical strength after delivery, excepted, we ordinarily find the woman with a short respiration, and a feeble voice, complaining of a "brokenness of back," and a sensation of "emptiness" or "hollowness," sinking and weakness at the stomach. When turned fully, her bowels "sway" and roll from side to side. She is often unable to "get a full breath, without holding her bowels up with her hand." If her constitutional powers are below par, on inclining the body but momentarily, she faints or gasps for breath, but recovers on depressing the shoulders. This of course, is purely from actual traction, and want of normal support to the diaphragm, the patient always referring to the epigastrium as the weak point. This evidently is not from a low state generally, but from an anti-physiological anarchy, in the proper domain of *trunkal unity*.

This sheds light upon the fact, that pregnancy invariably improves the respiration, vocal powers, and general health of phthisical women, be they ever so far advanced in that fatal disease; and also, on that other fact, that immediately after delivery, those same women ordinarily succumb, or commence to sink, hopelessly, at an accelerated pace. Indeed, so wonderful has been the improvement many times, as to revive great hopes of recovery; but on delivery, the delusion vanishes, simply because that which compelled the brief improvement, has been withdrawn, and she sinks, *because she cannot breathe;* and she *cannot breathe*, because her *respiratory fulcrum has collapsed*.

For instance, previous to pregnancy, phthisical women ever exhibit narrowness and retraction of the hypochondria and epigastrium, and experience "sinking, emptiness, and dragging," at that point, on erecting the body; also, an accompanying sense of tightness in the mediastinum with short and unsatisfactory inspirations. But, as gestation advances, the chest becomes shortened and expanded, the mediastinum is untensed, and the diaphragm (the chief inspirator,) is concavo-convexed and tensed, so as to be quickened to deeper contractions, corresponding in the interest of all that is comprehended in *complete* inspira-

tions. But, delivery, and the exhaustive effects of labor, much more than restores the unsupported condition in which a helpful pregnancy found her. But more on this point when we come to consider the relations of the trunkal muscles to the cardiac and pulmonary functions.

**Effect Upon the Abdominal Cavity.**

With the strong woman, and under ordinary circumstances, the early effects of delivery, so long as she is thoroughly recumbent, are not worthy of any remark; but when sitting or standing, her sensations are those of "vacuity," "caving in," and of "pulling upon the stomach," which cause her, incontinently, to place her hands in a supporting position at the hypogastrium, and to droop her form in consequence of visceral dragging from ligamentous insertions, on the one hand, and of pressure upon the hypogastrium, on the other. As to the *sensations* from a rolling of the bowels on turning in bed, some patients are greatly depressed and agitated by them, and expend their little strength in endeavoring to hold them, saying, "I shall never come together again!" Touching the *functional* effect upon abdominal organs, it is various. In strong and well-doing patients, the sense of emptiness and need of support, arouses an ungovernable appetite for light and voluminous food, which they devour, because of the mechanical support derived from its presence in the collapsed abdomen. In one instance, we were personally cognizant of the fact. The woman ate almost continually of such food, and on awaking in the night, would call for food, saying, "it stuffs me out, fills up the emptiness, and helps me to talk." But in the case of weak and nervous patients, this want of reciprocal support among the viscera is so depressing, as to produce a loathing of food, and also, inability to digest it (see Reporter of July 14th, and 28th, and Aug. 12, 1866.) This is a common and uncontrolable phase in the premises, and unless the upward support is supplied, by which the normal, muscular, visceral, and nervous status is restored, several months may intervene before the patient is able to sit up with advantage, although her physician is unable to discover, why it is that she is detained in bed, in spite of alteratives, nervines, tonics, and stimulants. And more, the misfortune is, that such cases ultimately *force* themselves about without restoring the normal status. They carry the evidences of it in their drooped forms, retracted epigastriums, tumid hypogastriums, and a more or less complete panoply of spinal, uterine, digestive, and nervous derangements, which are not the legitimate sequence of gestation, child-bearing, or nursing.

**Effect Upon the Inter-Pelvic Economy.**

The stress which parturition has imposed upon the uterus, vagina, perineum and vulva, has been enormous; the expansion and exhaustion is great, and the necessity that these parts should all have time for contraction and reparation, before being again brought into requisition, must be paramount, reasoning *a-priori*, and, so long as the patient is fully recumbent, this prerequisite would seem to be fully supplied; but, should she sit up or stand, even momentarily, then for the time being, these jaded parts are under even more visceral burthen, than when at their greatest strength, inasmuch, as the abdominal viscera now fall with an unbroken force upon the pelvic parts; whereas, in a normal state, (as shown in other papers) the trunkal muscles allow but a tithe of the visceral weight to press upon that region.

Is it not evident, then, that the tendency, (if not the necessity), of the vertical position, in the premises, is, to cause the viscera to press too forcibly upon the uterus, and then to induce uterine prolapsus? And, if this is not *consummated*, it is likely to produce an *impression* at this susceptible condition of the parts, in the interest of permanent uterine weakness at a future period. On this point, in our early practice, we have frequently been greatly perplexed to understand, why patients who had an excellent labor, and who made rapid progress in seemingly recovering perfect health, should suddenly be obliged to take to their beds for weeks, and even years, or to drag about, under manifest uterine prolapsus. In other cases we have noticed these symptoms to gradually come on, in a chronic form, not at first, but after the woman supposed herself to be well, and really might have been so, but for the want of a little help to the visceral supports, just in time of need. It is also common for practitioners to state, that they have a patient, months since confined, who fails to get up, without any visible reason for the failure. While recumbent, she is quite comfortable, but on every effort to stand, complains of weakness in the stomach, back, or hips, nor does she seem to promise when she will improve.

**Of the Effect Upon the Economy of the Inferior Extremities.**

This view may also shed some light upon the rationale of milk-leg and anasarcous veins and limbs subsequent to pregnancy, especially when the subject has a heavy abdomen. The lymphatics and veins having been more or less bruised during labor, may be in just the condition to be irritated and obstructed by visceral pressure, subsequent to labor. We have seen, too often, these

catastrophies in the persons of women of large abdomens, which had not been fully supported, to be diverted from this idea. This may also explain, in part, why it is usually women of large abdomen, who are the subjects of milk-leg, and why many of the cases occur after the patient has commenced to move about. On this point, we are coerced to conclude, *first*, that either for the purpose of immediate or prospective protection, every woman should be mechanically supported immediately after delivery, and that it should be done in such a way, as to brace the strained pelvis together; support the dorso-lumbar spine; fully gather up and elevate the floating abdominal viscera away from the pelvis, and support the stomach, liver, spleen, and diaphragm.

We next conclude, that no *bandage* action can fully fill these requisitions, although it has been faithfully tried in millions of cases. Touching this conclusion, the French physicians have gone so far, as to totally ignore the bandage; 1st, as not being *valuable*, and 2d, as being often clearly injurious. Viewing the question from our own stand-point, the following are our reasons for this conclusion. 1st. It cannot, by any possibility, exert anything better than a *horizontal, circular*, and *compressing* force upon the abdominal viscera. 2d. By such action a *downward* impulse upon the pelvic viscera, is frequently given to a portion of the intestinal chain. 3d. Such is the sloping form of the external pelvis, that there is a constant tendency of the broad bandage to creep up, and to assume the appearance of a rope, rather than of a bandage. This fact is subversive of the object, by placing the bandage too high on the abdomen for a supporting action; neither can it be fully prevented by the tightest application of the uncleanly and irritating straps.

And again; poor as any amount of abdominal pressure must be, (without a thick and heating compress,) but little of *it* even, can be obtained from the bandage, so prominent are the margins of the innominati. In fact, eight tenths of the whole of the bandage pressure must be exerted anywhere else, than upon the hypogastrium.

Apropos to this, in order to some benefit, we have found it requisite to apply the bandage so lightly, as to induce a painful and benumbing strangulation of the circulation over the innominati. And, at times, we have been annoyed at the appearance of the parts on removing the bandage, and yet, so pressing was the need of support, that the gasping patient has begged us to refasten it, painful as it was, she "could'nt get her breath without it."

We conclude then, that whilst the bandage is sometimes better than nothing, it *never can fill* the pressing indications; and also, that whilst the French accoucheurs, in their disgust for the bandages, have carried the matter too far, in leaving the woman entirely to recumbency, and the vis medicatrix naturæ, in so doing, they have not committed an *unmitigated* mistake.

Thus then, it appears that we must either abandon the weak and relaxed portion of puerperal patients to present or prospective pelvic, abdominal and thoracic weaknesses, or else, devise some fulcral and lever adjunct for their support.

It is also evident, that this device must be adapted to imitate the girding and elevating action of the abdominal and dorsal muscles when in their normal status.

To meet this emergency, we present the abdominal and spinal shoulder brace, which we have tested extensively in the premises, during the last six and twenty years. To us, it seems certain, that when this instrument is fully *studied* in all its bearings, it must appear to be largely (if not perfectly), adapted to the end desired (See cut in 15th Sep. No. of REPORTER.)

**Its Properties.**

First, by its circling arches, rising above the cresta ilii and resting in the hypochondrial fossa, it is compelled to sit immovably inside the innominati, like a saddle, and to circumscribe, gather up, and compact the abdomen generally. Second; it does not touch any portion of the sacrum or innominati. Third; it is devoid of any heating property, and *acts*, only at the lowest boundary of the hypogastrium, the glutei muscles, the dorso-lumbar spine, and the anterior of the heads of the humeri. Fourth; by reason of an elliptical spring at its lower edge, the abdominal plate is *upward* in its action, getting *under* the lowest portion of the small intestines. Fifth; its hip supports, brace the pelvis together, by supporting the glutei muscles over the sacro-ischiatic symphyses. Sixth; the spinal and shoulder part, so brace the back, and draw back the shoulders, as to remove stress from the back and take trunkal pressure from the pelvis. Under such auspices, as a matter, of course, the size of the hypogastric region must be diminished, and that of the hypochondriac, epigastric and thoracic, correspondingly expanded and strengthened, by the upward and outward visceral bearing.

**Its Application.**

So long as the patient is confined to bed, I at first apply the pelvic portion of the brace only, taking care, to place the inferior edge of the abdominal plate to the superior edge of the pubes,

and at the same time, whilst holding the abdominal plate down, to draw the flabby abdomen thoroughly upward. Secondly. So soon as she is ready to sit up, I attach the spinal and shoulder support, which at once pushes forward and braces the back, and balances the body upon the point d'apui, and so, removes trunkal stress from the spine, and visceral pressure from the pelvis.

**Results.**

The effect of this application has been, first to enable the patient to turn herself comfortably in bed, without the usual sense of "rolling" in the abdominal organs. Second, it leaves the uterine ligaments nothing to do but to rest, and return to their normal status. Third; it removes the sense of sinking and collapse at the epigastrium, and greatly improves the respiration and the strength of the voice. Lastly: It has ever enabled the patient to rise to the convenience with impunity, and to resume her wonted domestic position and labors, much earlier than is usually considered safe, with no fear of evil consequences from so doing.

*Case* 1. Aged 30, and of general good health, after a hard but generous labor, was delivered of a large child. Prospects of a rapid recovery were excellent. Moved herself freely in bed, without difficulty or seeming injury. On the night of the tenth day after confinement, she complained of a sense of "emptiness" in the epigastrium, a feeling of "caving in" and "goneness in the stomach." On raising the shoulders but slightly, would gasp for breath, and unless laid down directly, would faint. Constantly lay with her arms folded over the hypogastrium "to support the stomach;" continually called for a "tighter pinning of the bandage at its lower edge." Said "nobody had wit enough to pin a bandage;" also, that "it choked her around the hips, but did not support the stomach." On placing a good sized pillow under the bandage, she said, "It presses enough, but does not seem to work." On removing bandage, she placed both hands on the hypogastrium and drew up, saying, "There! can't you do so. That is it." Meantime the innominati had to be chafed with liniment, so strangulated had they become from the tight pinning. In this case there was no other untoward symptom. She insisted that she was well enough, if she could only "find her stomach and could get her breath." She partook of dry food most voraciously, wanted to eat much of the time. This we indulged her in, as there was neither fever nor irritation and the digestive organs received the food kindly. "Eating biscuit and crackers was all the comfort she had." "It stuffed her out and braced her up." But when she stopped eating, she soon "lost her stomach and felt like dying." This condition lasted for ten days, during which time she insisted that we were "too stupid to contrive a support for a woman's bowels." On the tenth evening found her weeping under the greatest discouragement. She knew "we could devise something to support her," and gave us a look of reproach which penetrated to the core of our sensibilities.

Up to this moment the application of the brace in the premises had never occurred to us, and we had drawn great comfort from the thought that such patients suffered "according to the books." But being now aroused by the patient's reproach and by a sense of chagrin, we ventured upon a trial of the abdominal brace. At the sight of the instrument, the patient exclaimed, "Well, there is common sense in that." On its application, she drew a full inspiration and said, "There! I am all right." On same evening, she walked to the tea-table, her countenance being radiant with satisfaction. Thus ended this remarkable case, but not so the flood of pathologic and therapeutic light which it suggested to us.

*Case* 2. In the winter of 1845, the late Dr. Washington, of Broadway, New York, desired me to visit with him a lady, aged 32, who since the birth of her second child, (about six months before,) had never been able to leave her bed. Said he, "The case is a mystery. I can diagnose no lesion or functional derangement of any viscus. Have plied tonics, generous wines, and nervines abundantly." Her appetite was fair, but spirits constantly depressed; was harassed with gloomy forebodings; rested badly. Every effort to sit excited syncope or a gasping feeling. The dorso-lumbar spine was weak; limbs gave way. Said, "Seems as if my bowels will drag my tongue down my throat." On scrutinizing this case; I diagnosed it to be a clear case of muscular laxity following labor, and consequent upon the muscles and ligaments not being properly protected in the puerperal month. Accordingly, at Dr. W's request, and in his presence, we applied the abdominal and spinal shoulder-brace, with the following results. Before rising, she expressed a "sense of support" and "could respire deeper." In a few moments we assisted her to sit upon the bed with her feet upon the floor; after giving a little time for the nervous tumult thus caused to subside, we assisted her to her feet, to her immense alarm. After repeating this process a few times, she walked

with our aid, around Dr. WASHINGTON'S chair, much to his amazement. This was the "beginning of the end" in this case also. These two are remarkable and extreme cases, but they also are comprehensive of the points of the more ordinary ones, from which we might cite to an indefinite extent. But propriety forbids, and these must stand as just representatives of many hundreds.

In commending the above views and conclusions to the notice of the profession, we cannot more forcibly do it than by reminding them, that of all their cases of anomalous pelvic and abdominal weakness in married women, most of them make the stereotyped remark, that they have "never fairly got up since the birth of a child born years since." Certainly, in the light of mechanical pathology, such a statement must henceforth be most suggestive and full of diagnostic and therapeutic instruction.

[To be continued.]

## CASE OF SYPHILITIC LARYNGITIS.

By JAMES B. BURNET, M. D.,

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Maria Brown, 30 years of age, married twice, has been sick for two months. She had one boy, who is now eight years old, by her first husband. Was a widow for five years, then married again about three years ago, and has never been pregnant by her last husband. Last winter she had much pain along her tibiæ, which pain was always greatly increased at night. About two months ago, a bad cough made its appearance, she never having had a cough before. There is a slight purulent expectoration with her cough. She never has spit any blood. Oftentimes the cough is very harsh. Her flesh is being lost rapidly. Formerly she was very stout. She experiences an oppressed smothering sensation and difficulty of breathing, especially at night. First appeared a soreness of the throat, and after two days, hoarseness in speaking; then, after the cough had been present three or four weeks, loss of voice came on. There is no eruption on her body, but she has had loss of hair, trouble with her eyes, and nocturnal pains in her bones. It is impossible to obtain from her a very clear history. There is no depression under her clavicles. Percussion of the lungs is very nearly alike on both sides, but not perfectly healthy, being rather emphysematous. On attempting auscultation, hoarse laryngeal sounds are heard all over the lungs, and we cannot distinguish the respiratory murmur satisfactorily. On counting, the sound is a little more intense on the right than on the left, but nothing unnatural. We exclude tuberculosis. Some tenderness on pressure over the larynx is found. On inspection of the throat, a slight ulceration is seen at the epiglottis, and the patient's breath has a strong syphilitic smell.

The *diagnosis* of syphilitic laryngitis was made, and the *treatment* commenced, was iodide of potassium and mercurial inhalations. Under this treatment she rapidly became better, but left us before all the worst symptoms had disappeared.

*Remarks.* Syphilitic laryngitis is a *late* symptom of syphilis. It rarely occurs unaccompanied by other symptoms. The symptoms of the disease are as follows: difficulty of respiration, huskiness of voice, some pain, at times a slight bloody and purulent expectoration; later on, aphonia, emaciation, exhaustion, and sometimes death. The symptoms of tubercular laryngitis, are, in the main, the same as those of the syphilitic form of the disease, but in the former, symptoms of tubercles already deposited in the lungs will be found, as tubercles are never deposited in the larynx unless previously in the lungs, and thus the differential diagnosis between the two can be made. Dr. WILKS thus speaks of the post-mortem appearances of this disease: "In the *tubercular* disease of these organs, apart from the small amount of adventitious scrofulous deposit, the affection is characterized by extensive ulceration, whereas, in the *syphilitic* form the peculiarity is the thickening and induration, owing to a formation of fibrous tissue. The difficulty is in distinguishing between a syphilitic and a simple inflammatory form of disease; but I believe the majority of cases of chronic laryngitis which we meet with are syphilitic, and the more likely is this to be the case when there is a large amount of fibrous deposit present. The disposition in constitutional syphilis is to the production of lymph, which may subsequently become a tough fibrous tissue; this you see in periosteal nodes, as well as in the same formations in other parts; and thus in the larynx you may find sometimes, perhaps, nothing more than a mass of fibrous tissue developed in the glottis and almost closing it; in other cases, you find with this, extreme thickening, also, the epiglottis thickened and hardened; or this condition may extend down the larynx as far as the trachea, or the whole organ may be indurated throughout, and even sometimes the cellular tissue externally, with the adjacent small lymphatic glands all matted together, and implicated in the process. With this induration there is generally more or less destruction of the parts, and in most cases, no doubt, the ulcerative process has accompanied the induration and contrac-

tion, and thus the inner surface has either lost its mucous membrane, or presents a cicatriform appearance. Sometimes, if the ulceration is considerable, the whole of the inner surface of the larynx presents a shaggy or flocculent aspect, and occasionally the ulceration is continuous over the glottis, with an ulcer of the pharynx; in such a case the question may arise as to the original site of the disease; but, as both these parts may be independently affected, it is possible that the disease in both has progressed simultaneously. Other parts of the air passages may be affected as well as the larynx. As you see in the specimen I now show you, where the lower part of the *trachea* is very much thickened, and the surface ulcerated; and in the preparation I just now showed you, of contracted *bronchus* arising from an ulcer, the nature of the disease was clear, in the fact of the patient dying of syphilitic laryngitis; the contracted trachea also had the same origin. As I before mentioned, in some of these cases of the ulceration of the trachea, the rings are laid bare, and which sometimes become detached during life, if the patient recovers."

Virchow mentions a case of death from stricture of the larynx, due to syphilitic ulceration. The *prognosis* of syphilitic laryngitis is unfavorable. In the *treatment* of this disease, we must depend upon iodide of potassium, mercurial inhalations, tonics, nourishing diet, and well-regulated exercise.

# Hospital Reports.

Jefferson Medical College,
*December* 15, 1866.

## Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Result of Castration, Performed Nov. 24.

Jos. C., æt. 38. Three weeks ago this man was operated on for syphilitic disease of the right testicle, vide pp. 48 and 107. The left testicle which was involved in the disease, was strapped one week ago to-day. The strapping has been of great service in bringing about a diminution in the size and hardness of the organ. There is now no pain in the part. The man is doing well and the left testicle will doubtless be saved.

### Orchitis.

John R., æt. 24. About five weeks ago he was struck by the shaft of a wagon, and has had a great deal of pain in the testicle ever since. He has had no gonorrhœa. The skin over the testis is somewhat discolored and the part is exceedingly tender. The swelling is not confined to the epididymis, as it is always in the early stages of gonorrhœal inflammation, but it affects likewise, the body of the testicle and a little of the spermatic cord. The part feels heavy. On grasping the swelling with the left forefinger and thumb, and then applying the index finger of the right hand, distinct fluctuation is perceived owing to the accumulation of serum in the vaginal tunic, a very common occurrence in epididymitis and orchitis.

This inflammation of the testicle is not infrequently of traumatic origin, from injuries of various kinds either to the part or its neighborhood. Its most common cause, is the extension of gonorrhœal inflammation from the urethra along the deferent duct. Sometimes, after parotitis has existed for several days, the disease suddenly disappears and is translated to the testicle. The reason of this metastasis is not known. Although there is no direct communication either by blood-vessels or nerves, and no particular sympathy that can be determined, yet the testicle is often ultimately obliged to bear the brunt of the morbid action started in the parotid gland, which may result in total atrophy of the testicle. Fortunately, atrophy, when it does occur, is usually confined to one organ.

Whenever there is epididymitis or orchitis or both combined, to any considerable extent, attended with a good deal of swelling, there is sure to be more or less serum effused on the vaginal tunic, which, by its pressure on the tender inflamed structures, is productive of a great deal of suffering which is relieved by the drawing off of the pent up fluid. A free incision was made and nearly a table-spoonful of serum mixed with a little blood evacuated.

The patient's tongue is a little coated, bowels regular, sleep disturbed in consequence of pain, and appetite poor. He was ordered

| | | |
|---|---|---|
| R. | Magnesiæ sulphatis, | ℥j. |
| | Morphiæ sulphatis, | |
| | Ant. et pot. tart., | āā gr.ss. |
| | Tinct. veratri viride, | f.℥ss. |
| | Sacchari albi, | ℥ij. |
| | Aquæ, | f.℥ss. M. |

Sig. Tablespoonful every three hours.

The testicles are to be well supported by a suspensory bandage, and covered with a solution of acetate of lead and opium, one ounce of the former and one drachm of the latter to two quarts of hot boiling water, to be applied warm. Leeches might be placed with great advantage to the groin, the inside of the thighs, or the sacrum itself.

### Result of Gunshot Wound of the Mouth.

Wm. C. æt. 45. He cannot open his mouth as widely as natural. There are some bands extending from one jaw to the other, the result of gunshot injury, the ball having entered at the angle of the jaw, knocked out a number of teeth, and passed out through the alæ of the nose. There does not appear to be any contraction on the part of the masseter muscle. The bands are quite firm and situated immediately beneath the mucous membrane. They were divided submucously, enabling the patient at once to open the mouth much wider.

### Stone in the Bladder.

Wm. B., æt. 8. He has had incontinence of urine for the last twelve months, and has com-

plained of pain since Tuesday last, none before. The sound was introduced into the bladder and came in contact with a hard stone, which emitted a distinct click on contact with the instrument.

He was ordered

| | | |
|---|---|---|
| R. | Decocti uvæ ursi, | Oij. |
| | Morphiæ sulphatis, | gr. j. |
| | Sodæ bicarbonatis, | ʒij. M. |

A wine glass full every three, four, or five hours, given cold. Uva ursi acts specifically upon the urinary apparatus, assisting in relieving morbid sensibility of the mucous membrane. Bicarbonate of soda also obtends morbid sensibility of the bladder in a very remarkable manner. The morphia is added to the prescription with a view to its anodyne effects. The child's system will be prepared for an operation at an early day.

### Operation for Irreducible Dislocation of the Shoulder.

John Dickinson, æt. 60, laborer. He has had axillary dislocation of the right shoulder since the third of October. There is a marked depression under the acromion process, and the head of the humerus can be felt in the axilla. He can touch the opposite shoulder, but cannot carry the hand quite to his head. There have been two attempts at reduction, one by manual efforts and the other by the application of pulleys.

It is now proposed to make a vertical incision two and a half to three inches in extent, through the deltoid muscle down to the bone and capsular ligament, to ascertain where the difficulty in the way of reduction lies. The head of the bone will then be lifted up with an obstetrical instrument and restored to the glenoid cavity. There is no precedent for this operation.

The patient was placed under the influence of chloroform. The incision was made in the manner described, the capsular ligament divided just sufficiently to enable the finger to be introduced, and the moment the tension was removed, the head of the bone was restored to its place without any difficulty.

The edges of the wound about four inches in length, were admirably approximated by four long pins, embracing at least three fourths of an inch of muscle and integument, so that a very strong hold was obtained. In the intervals, collodion strips were applied. The object is, to get, if possible, union by the first intention. The parts will be kept perfectly at rest.

After the operation, the arm could be placed in contact with the side and the cavity under the acromion process had disappeared.

### Women Doctors.

*The British Medical Journal* says the British Temple of Medicine is likely to be besieged by fair invaders entering through the Hall of the Apothecaries Society. In the last week of January, three ladies were examined by Drs. Buchanan, Griffith and Brodribb, in Euclid, arithmetic, English history, Latin translations, etc., etc.; their propositions were stated with all the required geometrical accuracy. *The Journal* adds: "If they prove as orthodox in medical art as they are accurate in constitutional accuracy, there will be nothing to alarm the most conservative minds."

# Medical Societies.

## BALTIMORE MEDICAL ASSOCIATION.

*Meeting of January 14th, 1867.*

Reported by J. W. P. Bates, M. D.

Question—"Calomel, Its Uses and Abuses."

Dr. Arnold. It has been said of calomel that its uses are grand, and its abuses sublime. All good things are abused, bad never are, for all try to shun them. Calomel is no exception to the rule. In one disease calomel is a specific, which can be said of no other drug except quinine. It is a specific in syphilitic iritis. Dr. Chambers was the first to introduce it in the treatment of general inflammation. He found that syphilitic iritis was cured by calomel, and he thought that other inflammations might be as successfully treated by the same remedy. This was hailed as one of the greatest boons to therapeutics, and it is only lately that there has been any skepticism on the subject; for, although it will cure iritis as promptly as ever, there is not the same evidence to prove that it will cure other inflammatory diseases. We acted like a child, and thought because it was good in one inflammatory disease that it was good in all, and from this dates its introduction into general practice, and its abuse. In no disease, except syphilis, is there any proof, any evidence that it has ever done any good. In these days we see very little of mercurial salivation, or its extreme effects. We try to compromise with ourselves; we do not give as much as we wish, but think we must give some, so we are satisfied with its cathartic effect. It has generally been thought to control the secretions, and, if this were true, it would be a good thing, but this is not proved, for there are many potent voices in the profession who deny that it has any effect on the secretions. It has been used very long, and it is no credit to us that we know so little about its therapeutic effects, except its powerful control in syphilis and kindred diseases.

Dr. Kinnemon. I do not know how to discuss this question, unless you review the diseases, and its utility in these diseases. Members may speak of superseding this remedy. I know very well that this article, as well as the lancet, is being decried, but we should be very careful how we act against the experience of Rush, Physick, Baker and others. The question should be, is calomel a good, powerful, and certain remedy in disease? I know of nothing that can take its place in inflammatory diseases. How are we to prove the utility of a remedy except by its use? Some patients, and some constitutions, will not bear the use of calomel, but in others we can rest on it. Take pneumonia,—what can compare with calomel in its treatment? We must prepare the patient by depletion, and we will seldom find it deceive us; but if we use it without depletion, death may be the result; hence the saying that "salivation is salvation in pneumonia." I do not consider profuse salivation is necessary, the slightest touching of the gums is sufficient. I never saw a case die in which I could produce the mercurial influence. In a practice of over

thirty years, I do not think I have lost six patients with that disease. In dysentery it will never fail, if you prepare your patient for its use by proper depletion; at least such has been my experience. I do not believe in large doses, as 30, 40, 50 or 60 grains, for small doses are just as efficient. As regards the use of the article, I believe that there are some constitutions upon which it will not act. Dr. Jackson speaks of gangrænopsis, and it might just as well be called calomel-opsis. I have seen cases in children, in which it had destroyed the face. I do not think it should be used in scrofulous cases. If instead of increasing the secretions it produces dryness, we should be careful.

Dr. Stirling. I am much astonished at the remarks of Dr. Kinnemon, for I thought the war had satisfied the profession in regard to the use of calomel. I was taught that it was essential in pneumonia, but I found in the army hospital that it would not do, and that if I persisted in its use, I would very likely lose my patients. In the last year of the war I did not give a grain. I have not much confidence in it even in syphilitic iritis. It is good as a purgative, but does not act as an excitor of secretion. Dr. Wood recommends it in diphtheria, but if you trust to it you will be very apt to lose your patients.

Dr. Uhler. I have had some experience in the field, and consider the order of Dr. Hammond banishing it from the supply-table well timed, for it was undoubtedly abused. In the West large doses are common, sometimes as much as a teaspoonful being given, and Dr. Hammond aimed at such cases. I saw a number of cases of profuse salivation; ulceration of the gums and slight necrosis of the jaw were common. When wounded men were subjected to the use of calomel, they did not get well as soon as those that were not. I noticed this in an Ohio regiment; the convalescence was protracted two or three weeks. The abuse became notorious, and Dr. Hammond aimed at it.

Dr. Kinnemon. The Doctor has not shown that calomel properly applied has been injurious. I cannot see why a man would give calomel in a case of gun-shot wound. I attended men laboring under pneumonia, in the hospitals, and I depleted them. They came from Annapolis, very much emaciated, but the surgeons, not discriminating between direct and indirect debility, treated them by stimulants, and the men died. In debilitated cases of diarrhœa, dependent upon inflammation of the mucous membrane, opiates, astringents, etc., would not act until after depletion. At Fort Marshall I treated the cases as I would those occurring elsewhere. I had cases of dysentery, pneumonia, etc., and did not lose one. The surgeon succeeding me used the stimulant treatment, and I went into the hospital and saw a dozen men dying with diarrhœa.

Dr. Stirling. Do you think those men died because they were stimulated?

Dr. Kinnemon. That is my opinion. Not all that is written is true in practice. We depend too much upon writers. We should never deplete a man that is anæmic. Let us try to think for ourselves.

Dr. Jones. The abuse of a remedy does not fairly invalidate its virtues. The cases referred to by Dr. Uhler are not fair examples, but there is no doubt that it was much abused. It is good as a purgative, and in inflammation of the mucous membrane. I saw many cases of pneumonia in the hospitals. At first I used calomel, but I soon saw my error. Afterward I used cupping and carbonate of ammonia. I will not say that I stimulated them, but I was satisfied with the success of the treatment without calomel. When you treat pneumonia and pleurisy by the stimulant and nutritious mode, the convalescence is quicker than by depletion. Calomel has been much abused, but I should be sorry to forbid its use. I have seen trouble from its use in children and wounded men.

Dr. Warren. Here are gentlemen who have had experience in the use of the same remedy, and in the same class of cases, yet their opinions are directly opposed. I have had some experience with this remedy during the recent war. Dr. Hammond thinks it is not a cholagogue,—this, according to my experience, is a fallacy. It does positively and directly increase the secretion of bile. It has been a question how it gets into the system, as it is nearly insoluble. Some suppose it is converted into the bichloride, but this cannot be true, otherwise the actions of the two would be identical, which they are not. Many think that it is dissolved by the tauro-cholic acid, and that this is the way it gets into the circulation. All know that it is absorbed. Chemists have found calomel in the bile, and the quantity of bile increased after its use. When we wish to reduce inflammation, in its first stages, calomel may be used to great advantage, as also in all cases in which there is torpidity of the liver. I agree, with Dr. Kinnemon, that it is a potent and valuable remedy.

In certain classes of inflammations, as iritis and adhesive inflammations generally, (sthenic, not asthenic,) it may be used to advantage, because it destroys the fibrin of the blood. When there is danger of exudation taking place, calomel may be used. A great change has taken place in the type of diseases. In my early days, (sixteen years ago,) I used to bleed and use calomel *ad libitum*. I have not bled a patient for five years, and would almost as soon think of cutting my patients' throats as to salivate them in pneumonia. Debility seems now to accompany nearly all diseases,—the tendency is typhoid. The indication is to strengthen, not to break down. My plan is to feed and stimulate. I give quinine above all other remedies, because it strengthens the nervous centres. We did not use blue mass nor calomel in the Southern army, because we did not have them. We relied on indigenous plants. More cases were saved by whisky than by drugs.

There is no need of the development of salivation. The simple increase in the secretions of the salivary glands, is proof that all the other glands have taken as much as they can, for these glands are the last to be affected by mercury. This specific effect of mercury is a very peculiar thing. I knew a lady who was salivated by her imagination. She told me that she could not

take mercury; I gave her rhubarb, but when I called the next day she was salivated. I knew a man to be salivated from simply touching his tongue to some calomel. In syphilis it is as near a specific as any other drug in any other disease. How does it expel the virus from the system? HUNTER thought that two poisons could not exist in the system at the same time, and that the syphilitic was expelled by the development of the mercurial poison. We all know that this is an error. I have a theory of my own in regard to the way in which it acts. Syphilis seizes on some of the elements of the blood, and breaks them down to a certain extent; mercury seizes upon these, and completely disintegrates them, and so expels them from the system.

Dr. UHLER. I did not say that calomel was used to cure gun-shot wounds, but it was used in other diseases in persons who had been wounded. The order of Dr. HAMMOND was aimed at these cases, and was well timed.

Dr. KINNEMON. I believe it is MAGENDIE, or some other French physician, who says calomel acts by chemicalizing the blood, and this is what we require. I do not hold that every case of pain in the chest is pneumonia—many are cases of rheumatism and are mistaken for pneumonia. This typhoid condition is the result of unsubdued inflammation of the chest as in other inflammatory diseases. Neglect of depletion when it should be resorted to, is the cause of much of the typhoid fever of which I hear physicians speaking. I do not meet with typhoid fever, nor do I meet with deaths. If the constitution has changed, deplete the less. If depletion was proper in inflammation once, it is proper now. Adapt your remedies to suit your cases. I believe calomel acts on the biliary secretion. I attended a lady troubled with incessant vomiting; the discharges were clay colored. I gave ten grains of calomel and the vomiting ceased and she convalesced.

Dr. WILLIAMS. The tendency of the human mind is to extremes. Dr. KINNEMON says he cures all cases with calomel. This is one extreme. Dr. STIRLING says it has no effect whatever. The other extreme. Dr. WARREN seems to be on both extremes. I think there is truth on both sides. If we could always act independently it would be the best. If we had a case of pneumonia in a strong man, active inflammation tending to delirium, he would be a bold man that would stimulate him. My plan is to deplete. The difficulty is, that we seldom see these cases in the stage of congestion, and were we to do so we would be very apt to deplete them. When you come to the modern plan, of treating exclusively by stimulants, you will find that the works are based upon hospital cases occurring in persons whose constitutions have been broken down, in which no man would bleed or give calomel, but would give stimulants and nourishment. It is impossible to give any fixed rule for the treatment of the disease; and I think I could show Dr. KINNEMON many cases in which he would not venture to deplete or give calomel. As to the use of calomel. We all agree that it is a very good thing in the right place and at the right time. The tendency of the present day is to decry all remedies. I do not believe that medicine is worthless and that nature does all, any more than I believe the dogma of one hundred years ago, when the reverse of this was held to be the truth. There was a time, when calomel was used promiscuously, now we give calomel in nothing. It is urged upon us that calomel is useless in syphilis, but we all know that is not correct. They argue from its abuse against its use. If it is proved that it does more harm in its abuse than it does good in its use, I am prepared to give it up. There is no doubt it was much abused in the French hospitals. It will cure syphilitic iritis—of that we have ocular proof, but in the other syphilitic diseases we have not this proof and are more skeptical. It is not necessary in the simple, unindurated chancre, but is very useful in the Hunterian. As for the mode in which calomel acts, it is not explained, we have the simple effects. The explanation of Dr. WARREN will hardly do. We have to accept the fact but cannot explain it. There are any number of illustrations in other drugs, as ergot. Dr. MONKUR had a theory peculiar to himself. He did not believe it was absorbed. He said he gave 100 grs. to his own child, and by saving all the discharges he collected 99 grs. We have not yet reached the true solution, how it is absorbed. When we speak of salivation, we do not mean merely a profuse flow of saliva, but also inflammation. There is a great difference in regard to the susceptibility of persons. I gave a girl three grains of the protoiodide of mercury, in divided doses, and she was profusely salivated, whilst a man under my care, has been taking three grains daily since last September, with no effect.

Dr. ARNOLD. I have been much struck with the fact, that however much we may boast of being practical men and governed by experience, our experience is anything but complimentary. All our works published a few years ago teem with praises of calomel. It was a standard remedy. If we can trust at all to the past experience of so many physicians, how is it that there is this change? We now hear the same laudations of stimulation. This rests upon theoretical grounds and not upon practical experience. We are also told that the type of disease has changed—this is a kind of compromise, and like the stimulation idea, rests upon theory. Calomel has certainly been found to do a great deal of good in syphilis. Dr. CHAMBERS introduced it in the treatment of other diseases, not from practical experience, but from analogy. There are no statistics to prove that it is useful in these diseases. BENNETT gives statistics in favor of the expectant treatment of pneumonia; he favors the expectant treatment, which if it does no good, does no harm. If nature can cure, what business have we to experiment?

Dr. WILLIAMS. The statistics of French hospitals prove that if the pneumonia be limited to one lung the recoveries are almost unanimous. We should, therefore, take double pneumonia.

Dr. ARNOLD. Simple pneumonia almost always terminates favorably, but in tuberculous cases the result is generally fatal. Homœopathy has done good by showing us what nature can do. I have faith in remedies, but more faith in nature.

Dr. WARREN. Calomel is good in the conges-

tive stage, but in pneumonia proper—the stage of exudation—stimulants are called for, and calomel is injurious. The stimulant practice rests upon experience and not upon theory. Todd, Bennett, and others who advocate this mode, were appointed as hospital physicians, because they were medical philosophers.

### PROCEEDINGS OF THE MEDICAL SOCIETY OF HARFORD COUNTY, MD.

The second meeting of this Society was held in Bel Air, on February 12th.

The President, Dr. John K. Sappington, being necessarily absent, in consequence of ill-health, the duties of the office were performed by the Vice-President, Dr. Thos. C. Hopkins.

After registering the names of the members present, the minutes of the previous meeting were read and approved.

The following new members were received into the Society, and duly registered: Dr. Wm. H. Stump, Dr. W. W. Virdin, Dr. Thos. H. Roberts, Dr. Samuel S. Robinson, Dr. John Evans, Dr. George W. Archer, and Dr. Robert R. Bouldin.

The reports of Drs. Lee and Forwood, Committee on Printing, were then made. No action was taken upon either of the reports, but the committees were resolved into one and continued, Dr. Finney being added to it.

A committee of seven was appointed by the President to draft a Fee-bill, with instructions to report at the next meeting.

At the request of the proprietor, Dr. Geo. W. Archer, Dr. Forwood presented for the examination of the members the first medical Diploma that any College ever bestowed on this Continent. It was awarded to Dr. John Archer, the grandfather of the possessor, at the session of the University of Pennsylvania, in the year 1768. Dr. Archer further explained the interesting circumstances attending the award; and signified his intention of presenting it to the venerable institution from which it emanated, for preservation in its archives. The members expressed their gratification for the privilege of inspecting so unique a curiosity.

Dr. Forwood offered the following amendment to the Constitution: "No member of this Society shall be permitted to render his services to individuals, or collections of individuals, by the year, or for any specified period, for a stipulated sum."

Dr. F. also submitted an alteration of the first section of the eighth Article, as to the hour of meeting, proposing the hour of 11 o'clock, A. M., instead of 1, P. M., as at present.

The amendment and alteration were laid over under the rule, for the consideration of the next meeting.

Dr. Hays offered a resolution, which was adopted, that each member of the Society be taxed one dollar, payable at the next meeting, for the purpose defraying the expenses of printing the Constitution and By-Laws, Code of Ethics, etc.

Dr. W. W. Hopkins read an interesting discourse, introductory and congratulatory to our young Society; and paying a glowing tribute to our noble profession, which many of the best and most learned men of all ages have devotedly practiced.

Upon motion of Dr. Forwood, the Society unanimously adopted a vote of thanks to Dr. Hopkins for his entertaining paper; and the hope was expressed that others would follow the example thus set, in presenting papers for the benefit of the Society. It being the duty of the Chair to announce the subject to be discussed at the next meeting, Dysentery was suggested; and Dr. Forwood moved that Dr. John K. Sappington be respectfully requested to present his views upon *Dysentery and its treatment*, at the next meeting; his experience, and great success in the treatment of that distressing and often fatal malady, eminently qualifying him for instructing the Society. The Society heartily indorsed the motion.

A committee of five was appointed by the Chair to nominate officers of the Society for the ensuing year, and delegates to the State and National Societies. The officers of the primary meeting were continued, with the addition of the following named gentlemen as Censors, viz., Dr. John K. Sappington, Dr. John Evans, and Dr. Geo. W. Archer. The following are the names of the delegates that were elected to represent the Society in the *Medical and Chirurgical Faculty of Maryland:* Dr. Wm. J. Evans, Dr. R. R. Bouldin, Dr. David Riley, Dr. T. M. Elliott, and Dr. W. W. Hopkins. And the following were elected as delegates to the *American Medical Association*, which meets in Cincinnati in May next: Dr. Thos. C. Hopkins, Dr. S. B. Silver, and Dr. W. Stump Forwood. Dr. Finney, Dr. Hays, and Dr. Ramsey were appointed by the Chair as alternates to the *American Medical Association.*

The Society then adjourned, to meet again on the second Tuesday in May.

Upon the adjournment, the members were invited in a body to partake of the hospitalities of Dr. Lee. A bountiful dinner was provided, to which justice was done at the time, but to which it is impossible to do justice in words. Suffice it to say, that every one appeared to enjoy the repast, and the pleasant remarks attending it; and after many compliments to the worthy host, the members separated.

## Editorial Department.

## Periscope.

### Cereus Grandiflora in Affections of the Heart.

Dr. A. F. Potter, of Boston, recommends, in the *Med. and Surg. Journal* of that city, the cereus grandiflora, or night-blooming cereus, in affections of the heart. It is a sedative to the nervous and circulatory systems, and acts on the kidneys; given in the regular medicinal doses repeated at proper intervals, it is found to diminish the frequency of the pulse and increase the secretion from the urinary organs largely; it is hence of great service in dropsical diseases. In large doses it is irritant to the stomach, and has a peculiar effect upon the brain, producing mental confusion, hallucination, and slight delirium. In cases of an inflammatory nature, with acute symptoms, it is

contra-indicated. It is indicated in chronic cases accompanied with anasarca, and in the condition of the heart which is generally associated with anæmia, and in which the tissue of the organ is enfeebled by defective nutrition, in combination with iron, mineral acids, and other tonics. An important incidental advantage in these cases is, frequently, its effect in removing the dropsical effusion, whether in the pericardium, the other serous cavities, or the general areolar tissue. Dr. Porter has found it to act very favorably in palpitation, either from plethora, anæmia, or merely nervous disorder; but the remedy is applicable only to the cases in which the affection has a certain degree of permanency, and not at all to those occasional and fugitive attacks which occur under passing excitements.

The saturated tincture is preferred. Take of the fresh stem and flowers of the cactus four ounces, ninety-five per cent. alcohol, one pint, macerate for one month, and filter. Dose—from one to five drops three times a day, gradually increasing, if necessary, until unequivocal symptoms of its operation are manifested.

Dr. P. expresses his belief, that if the profession will test the virtues of the cactus, few would be willing to dispense with its use.

# Reviews and Book Notices.

**The Indigestions; or, Diseases of the Digestive Organs, Functionally Treated.** By Thomas King Chambers, Honorary Physician to H. R. H. the Prince of Wales, etc., etc. London: John Churchill & Sons. 1867.

[This work has just been issued from the press of H. C. Lea, of this city. *Price*, $2.50.]

Quite recently we had occasion to notice an admirable little volume of Dr. Chambers', the fruit of his travels in search of health. This is a large work, upon a topic more *pathologically* treated by him some years ago, in a book entitled "Digestion and its Derangements." A large part of this volume consists of notes of cases, taken by himself or his clinical clerks, with the patients before them. They have, therefore, a greater aspect of reality than such as are based upon recollection, even at the end of the day.

Dr. Chamabrs' style is so vivacious, and his thoughts always so suggestive, often original, and generally sound, that the book is decidedly interesting, as well as instructive. Its subjects, besides a general Introduction, are: Indigestion of various Foods; Habits of Social Life Leading to Indigestion; Abdominal Pains; Vomiting; Flatulence; Diarrhœa; Constipation and Costiveness; Nervous Diseases connected with Indigestion. The variety of topics included under these heads, is, however, not all fully indicated by the above list of contents. At the close of the volume is a well prepared "Analysis," or summary of subjects more in detail; and also an Index.

Dr. Chambers considers, we think correctly, that no objection made to the term "dyspepsia," upon the question of pathological unity or entity, justifies its abandonment. It is clinically descriptive and convenient, as much as diarrhœa, dropsy, colic, and many other medical terms. Among the causes of indigestion, he enumerates *tight lacing;* especially injurious to married women after confinements.

**The Renewal of Life: Lectures, Chiefly Clinical.** By Thomas King Chambers, M. D., etc., etc. Second American, from the Fourth London Edition. Philadelphia: Lindsay & Blakiston. 1866. *Price*, $6.

This work is the one upon which, so far, the reputation of Dr. Chambers as a medical thinker and author, has been principally founded. We are surprised at the sensitiveness of one so independent in his opinions, shown by his changing the title of the book as issued in London, after the second edition. The only reason for this was that some hypercritical reviewers found the title, "Renewal of Life," open to misrepresentation. Certainly it expresses very well the cardinal idea of the volume, and, it may be said, the leading idea of the practice of medicine at the present day. The American publishers are, therefore, fully justified in restoring the old title. There is, it is true, enough clinical matter to make also appropriate the rest of what is placed upon the title page.

Dr. Chambers thinks for himself, belonging to no school. This is eminently proved, for example, by the manner in which he deals with the subject of blood-letting. Thus (p. 617):

"Taking blood from dilated blood-vessels is like emptying the urinary bladder with a catheter, when it is paralyzed by the pressure of its retained contents; and the more locally the remedy can be applied, the more like it is to that generally approved surgical operation. Dropping the burden which weighs down their life, the vessels are enabled to go again to their work of regulating the stream of the circulation by their elastic coats. So far, then, the treatment is directly restorative and reconstructive." "The questions which we have to decide in each several case are—first, whether we can by our art certainly repair the artificial injury of loss of blood;—secondly, whether the part to be relieved is of sufficient importance to the whole to justify the sacrifice of the blood;—and thirdly, what is the least amount of sacrifice that will be of use. As to the first question, the daily occurring evidence of cases is surely enough to give us faith in the means of renewal at our command. As to the second and third . . . . . it is my purpose to set before you a list of certain instances."

Lindsay & Blakiston have, as is usual with them, made a handsome volume of Dr. Chambers' Lectures. It is one of the books that every medical man, who reads at all, ought to possess.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, MARCH 9, 1867.

## MEDICAL PHILANTHROPY.—TRAINING IDIOTS.

We have before us the Fourteenth Annual Report of the Pennsylvania Training School for Feeble-Minded Children. The work of benevolence and skill commemorated by it is one of the most remarkable, as it is one of the latest of the advances made in what we may call *medical philanthropy*. All are aware, that it was only toward the end of the last century that at the York Retreat, under the care of the Society of Friends, the first effort at the "moral treatment" of the insane was made. This was, some years after, extended successfully by Pinel in France. Since then it has become universal; converting bedlams into model hospitals, and restoring every year hundreds of deranged persons to their homes.

Scarcely, if at all less unexpected, has been the result of putting faithful and intelligent perseverance to work upon the most seemingly hopeless idiots. First, this was done by Seguin less than thirty years ago. He began upon an imbecile well known in his native place as "the wild man." Encouraged by success in taming and improving him, he made a special and practical study of the subject; among the fruits of which are some excellent works on idiocy. Next came Dr. Güggenbuhl, of Switzerland, who took deformed and stunted cretins of the Alpine valleys, and by combined mental training and medical and hygienic treatment, made of them useful human beings. In our own country, as well as in England and elsewhere, this noble idea was soon taken up; first in America by Dr. H. Wilbur, now of Syracuse; then by Dr. S. G. Howe. In England, there is one institution, at Red Hill, Surrey, with over three hundred pupils. Some of their results are wonderful, considering the material to work upon. Abundantly has it been proved that imbecility, like insanity, may be, and often is, partial; and that even when most of the faculties are undeveloped or dormant, one or two may be normal, and all may in very many cases be improved.

Dr. Kerlin's Report of our Pennsylvania Institution gives an interesting account of the progress of that institution, now holding a hundred and fifty-eight patients. Remarks are made also upon some of the *causes* of idiocy in families; prominent among which are considered to be intemperance and sexual excesses on the part of parents, and marriages of consanguinity. Perhaps an over-statement may be made in the case of the last.

Some inquiry into this subject has convinced us that it is an error to ascribe the many constitutional defects of children born to those who have married cousins, to the fact of consanguinity alone. Exceptions undoubtedly exist, too decided simply to "prove the rule." It is probably true, that *most* of such deteriorations are due to previously existing taints in the families, *doubled* by marriage of those related and thus possessing the same tendencies. As very few families are absolutely without imperfection of constitution, all marriages of consanguinity must run this risk, and a small number only may escape from evil consequences. Practically, therefore, both views point to the same prudence in avoiding and discouraging such marriages; but the true scientific basis upon which such a recommendation is founded should be carefully considered and clearly set forth.

## MEDICAL TEACHING in PHILADELPHIA.

We are glad to be able to mention two or three things which are in the interest of medical teaching in this city. First, it is announced that that time-honored Institution, the Pennsylvania Hospital, where, for more than a hundred years, the medical men of our land have received demonstrative instruction from some of the brightest lights that our country has produced, has thrown open its doors to *free clinical instruction*. This is a grand triumph in the interest of medical teaching, as this hospital, besides being easy of access, has its spacious wards constantly filled with cases of the greatest interest in all the departments of medicine and surgery.

It is also announced that some important changes, which it is hoped will add new life and vigor, and in other respects be for the best, are to be made this season in one of our medical Colleges. We are glad to know that both our medical schools are prosperous, and both are exerting themselves to add to the interest and value of their courses of medical instruction. The improvement in medical teaching during the past twenty years has been very great, and the student of the present day has advantages for the acquirement of medical knowledge, which are vastly superior to those that were enjoyed by their present preceptors.

We trust that the time is not far distant, when we will be able to announce still another step on the part of our medical Colleges, viz., the estab-

lishment of hospitals in connection with them, or their attachment to hospitals that already exist. We look to an early adoption of this system.

The supplementary course of lectures in each school, on special departments of medicine, is of very great importance, and we trust that the facilities they offer for the acquirement of knowledge on subjects that do not otherwise come into the regular curriculum of study, will be fully appreciated and made use of.

# Notes and Comments.

### Private Medical Classes.

The several private associations for medical instruction in this city, have organized for a vigorous spring course. In this number will be found the cards of Drs. Hodge, Bolling, Hutchinson, Smith, Cheston, and Williams, of the "Philadelphia School of Medicine;" also that of Drs. George Pepper, Harrison Allen, William Pepper, and Edward Rhoads.

Dr. Hodge and his associates have one of the finest classes in the city, and have taken rank as leaders in this kind of medical teaching; and Dr. Pepper and those connected with him are all known as young men of decided ability and energy, and we bespeak for them favor and success.

### Was it a "Consultation?"

A telegraphic announcement of the death at Georgetown, D. C., of Gen. Aaron Ward of Sing Sing, New York, says: "His disease was jaundice. He was attended in his illness by Drs. Ritchie and Tyler, of Georgetown, and Dr. McClintock of Philadelphia.

We can hardly think that this announcement is true, as it is well known that Dr. McClintock was expelled from the American Medical Association some years since, and he now holds a professorship in an irregular medical College in this city.

### Gelseminum Sempervirens.

A correspondent writes, "Will some of your correspondents please give, through the Reporter, their experience with the *gelseminum sempervirens*?"

### Aconite and its Alkaloids.

A correspondent says, "Will not some of your collaborators furnish for the readers of the Reporter, the results of their use of aconite and its alkaloids.

### Gone Abroad.

Dr. Wilson Jewell of this city, has gone abroad, expecting to be absent several months. He first visits the West Indies, and then will take his departure for Europe, where he will make a pretty thorough tour of the Continent and of the British Isles. We expect to be favored with communications from him, and as he wields the "pen of a ready writer," his letters will, no doubt, be interesting and instructive.

### Royal "Rheumatism!"

The latest news from England is to the effect that the Princess of Wales has been ill, very ill, of—well, *rheumatism!* The "pains" were "short, sharp, and decisive." By the last bulletin, the mother and *daughter* were "as well as could be expected;" and all England was rejoicing at the recovery of the "daughter of the sea-king"—from "rheumatism," of course! It is the third time the Princess has had "rheumatism,"—the first two were boys!

### Summer School of Medicine in Washington, D.C.

The Summer School of Medicine in Washington, D. C., commences its sessions on the first Monday in April, and continues till July. It is conducted by Drs. F. Howard, J. H. Thompson, J. Eliot, and R. Reyburn. There are four lectures and examinations each week. Fee, $50.

### The Galaxy.

This interesting fortnightly magazine has deservedly taken a prominent rank among the popular serials of the day. It is issued in very attractive style, and its contents are varied and interesting. There is now in course of publication in it, a work of fiction that is attracting much attention. It is entitled, "Waiting for the Verdict," and is written by Mrs. Rebecca Harding Davis, formerly of Wheeling, West Virginia, now of this city, who has lately made a very successful beginning as a fiction writer.

☞ We have received a letter, directed to our care, for Dr. E. S. Smith, late Assistant Surgeon at Satterlee Hospital in this city. Can any one give information as to his present place of residence?

### Confirmations by the U. S. Senate.

To be Medical Storekeepers—George Wright, G. T. Beall, A. V. Cherbonnier.

To be Chief Medical Purveyor, with rank of Lieutenant-Colonel—R. S. Satterlee.

To be Assistant Medical Purveyors, with rank of Lieutenant-Colonel—C. McDougal, E. H. Abadie, R. Murray, C. Sutherland.

To be Surgeons—C. Wagner, J. P. Wright, C. C. Gray, W. C. Spencer.

# Correspondence.

## DOMESTIC.

### My Professional Code of Ethics.

Editor Medical and Surgical Reporter:

I. In cases not seriously ill, make frequent visits, and tell the family, and whole neighborhood, that the patient had *three* fevers, and was in great danger.

II. In cases where life is in danger, discourage the patient by words and action; and finally abandon the case as incurable.

III. All cases annoying, difficult and protracted, permit no consultation.

IV. In "operations," "accidents," and "interesting cases," publish in the newspapers, instead of medical journals,—mentioning the name of the patient, and *all* the physicians present.

V. In consultations, try to be at the house first, and examine the patient and medicines, before the arrival of the family physician. Give the family to understand by significant wagging of the head, that you differ in opinion decidedly. Assume the attitude of a croaking bull-frog, when the brother physician enters the room, and begin to argue and lecture in the hearing of all present. Mention that of one hundred and thirty-nine cases treated by you, but three proved fatal; that these were first in the care of other physicians.

VI. When unavoidable accidents occur—such as happen to all—in operations, by chloroform or otherwise, lose no time in instituting meddling inquiries, and babble the little or nothing you know of the facts, to all the loafers and gaping crowds you meet at the street corners or highways, not forgetting the old women.

VII. Have no regard for the reputation of the attending physician, and try to impair the confidence reposed in him, in every way possible.

VIII. Do not neglect to pass frequently by the house where other physicians are attending members of the family, and make inquiries of any you meet near the premises concerning the sick.

IX. Never offer, or resign a patient to the attending or family physician, when called in on an emergency, or during the absence of the attendant.

X. In the medical, as in other professions, controversies and contentions arise, the nature of which make known to the public without delay.

XI. Avoid all social intercourse with medical brethren who converse on medical topics.

XII. Associate with such only as neglect their professional affairs and turn horse-jockeys, or keep stallions.

XIII. Charge one-half the rates of other practitioners, and collect no bills.

XIV. Article VI of this code is not enforced, when the parties are physicians about *twenty* years behind the age, owing to being born stupid, or being too *indolent* to study.

Code.

*Lehigh co., Pa., Feb.* 27, 1867.

# News and Miscellany.

## COMMENCEMENTS.

### Bellevue Hospital Medical College.

The commencement exercises of the Bellevue Hospital Medical College, took place at Steinway Hall on Thursday evening Feb. 28th. The stage was occupied by the Faculty and Trustees of the Institution, and invited guests, while the auditorium was crowded by the friends of the College and the graduates. After prayer by the Rev. Alfred B. Beach, D.D., Chaplain of the College, Prof. Isaac E. Taylor, M.D., President of the Faculty, conferred the degrees upon the following gentlemen, members of the graduating class.

*Connecticut*—Frederick Farnsworth, Royal Lacy Higgins—2.

*Delaware*—John Greene.

*Georgia*—James Robie Wood, Chas. Llewellyn Williams—2.

*Indiana*—Heber McKendree Harvey, John Harlan Stuart, Hugh Dyosephus Wood, Wm. Robert Davidson, Ferdinand W. Beard, John Wesley Gray, James Arthur Adrian—7.

*Illinois*—Lemuel Tibbitts, Garner Horace Bane, Chas. Kelly Gifford, Chas. Wesley Higgins, John Henry Belt, Milo Adams McClelland, Henry Condet Barrell—7.

*Iowa*—Matson Van Buren Howell, Oscar Edwin Deeds—2.

*Kansas*—Joseph Lyman Prentiss.

*Kentucky*—Beel Greene, Owing Guerrant, Sanford Thos. Wren, Josiah Allen Jones—4.

*Louisiana*—Elisha Harrison Laycock.

*Maine*—Edward Freeman, John Wayland Woodman, Winfield Scott Hill, Thos. Simon Fitch, Wm. Brooks Swasey—5.

*Massachusetts*—Byron Levi Chamberlain, Seabury Warren Bowen, James Chas. Ryan—3.

*Mississippi*—Harris Burnet Osborne, John Hall Gibbs—2.

*Michigan*—Patrick Martin, John Parker Stoddard, Henry O. Walker, Thomas Allen Fairbairn—4.

*Minnesota*—Richard Dubois Fraver.

*Missouri*—Wm. Henry Evans, Benj. Allen Watson—2.

*Nebraska*—Wm. Davis.

*New Jersey*—Silas Byron Tompkins, Abel Sheppard Filsworth, James Simmons Conover, Janson Beerner Mattison, Frederick Rorback—5.

*New York*—Henry Mitchell, Nicholas Henry

Freeland, David Benjamin Walker, George Crowe, Bradford Smith Thompson, Jacob David Wurts, Thomas Mackaness, Ludlow Chrystie, Thomas Andrew Brady, John Henry Herrington, Walls Buel, James Thomas Knisler, Ira Wilcox, Jacob Kellogg Smith, Charles Forrester Roberts, Read Jennings McKay, David H. Decker, Alex. Joseph Rooney, Henry Powers Miller, Joshua Ware Read, Joseph Dennison Keyser, William Tibbitts, Peter Rouse Cortelyou, Thomas Brinsmade Heinstreet, Samuel Blume, Chas. Case Bradley, Wm. Henry Corbussen, Robert Hathaway, John J. Brinkerhoff, Chas. Austin Woodruff, John Doran, Williard Birney Henson, Alvin Button Rice, Henry Clay Wilber, George Ransom Kent, John Jacob Edie, William Joseph Purcell, John James Montgomery, William S. Watson, Sheldon De Forest Lord, Albert Strang, Joseph Cushman, James Sweeney, Edwin S. Belden, Wm. O'Donald, Joseph T. C. Lamb—46.

*Ohio*—Lee Chester Raymond, Samuel Hart, Frederick Buckbill McNeal, Jesse Snodgrass, Lester Augustus Elster, Reuben Aleshin Vance, Wm. Benjamin Cardwell, John Rush Evans, Enos Hahn, John R. King, Hubbard Cooke—11.

*Pennsylvania*—John Adams Rodger, Richard Moore Crain, Samuel Joseph Patterson, Gen. Washington Burkitt, Elmore Horton Wells, Jesse East Banman, Wilson Peter Kustler, Rees Davis, John Stewart Carr, James Calhoun Brobst, Charles Detwiller Martin, Jonas L. Kline, George Rodger Kauffman, Wm. L. Lawn—15.

*Tennessee*—Elliot Benjamin Smith, Josiah Thompson Mathis—2.

*Virginia*—Wm. Chambers Schultze, Charles Otto Viers—2.

*Vermont*—Lorenzo Weeks Hubbard, Russell Thayer Johnson, John Munroe Winslow, Orswell Asker Wheeler, Daniel Franklin Cooledge—5.

*Wisconsin*—Emery Stanbury, Augustus Harrison Salisbury—2.

*District of Columbia*—Joseph Faber Johnson.

*British Provinces*—David Keagley, Friend Richard Eccles, Wm. Graham, Alex. D. McDonald, George Peter McClelland, Robert Aberdeen, James McNeil, Charles Heman Masten—8. TOTAL, 148.

The address to the graduating class was then delivered by JOHN G. SAXE, LL.D. Mr. SAXE announced that with little severity and with no pretence of erudition he should discourse briefly on several topics suggested by the correlation of physician and patient. He said that our debt to the medical profession is one far beyond the measure of any pecuniary reward, and one which it is profitable to consider, and simply just to acknowledge. The annoyances and discouragements of the profession were nearly as obvious to intelligent laymen, as to the profession itself. One of the principal of these annoyances, he ventured to assert, is the unreasonable expectation of patients and their friends, founded, for the most part on erroneous apprehensions of the office and scope of the medical art. To illustrate this point he quoted the humorous testimony of Dr. HOLMES. All patients are not thus unreasonable, yet but few of us understand what is the true office of the physician and the necessary limit of his art; that the word "cure" is really entitled to small significance beyond that of the Latin *cura* (cure) from which it is derived; that Nature cures the disease when it can be cured at all; and not the doctor, who is commonly her useful—often her potent—and sometimes her indispensable ally. A few years ago an English practitioner presented a bill to a widow for services rendered her deceased husband, in which the word "cure" was employed in its original and appropriate sense. There was in the account but one item preceding a modest sum in pounds, shillings and pence, which read as follows:

"To curing your husband till he died."

Closely associated with the popular error touching the *cure* of disease, is the popular faith in the potency of drugs; and for this, patients and their friends are not without their responsibility. A natural, but not quite reasonable feeling, that the doctor is not making sufficient battle with the enemy unless he meets her with a bristling array of offensive weapons, will account for many a case of over-drugging, as well as for the exhibition of many a *placebo*, as the doctors call their bread pills, which it is said they sometimes administer in place of the more potent pellets of the pharmacopœia. We are *all* fond of heroism, even in physic; and brave doses and portentous appliances favor the idea of magnificent results. From this infirmity not even the believers in homœopathy are free. We could imagine no discouragement which beset medical men, especially the young practitioner, to be more vexatious than the readiness and frequency with which, by people of otherwise rational conduct, ignorant quacks are employed in preference to honest and intelligent physicians. The man who would not trust an inexperienced cobbler to fix his boots, will often trust to "a natural bone-setter," the mending of his leg; that is to say, a charlatan wholly ignorant of its anatomy. In all other arts or professions, in all the common offices of life, talents, education, and experience are held at their proper value. Strangely enough, it is only in medicine, the most important, the most difficult, and, in incompetent hands, the most dangerous of all arts, that men are presumed to possess knowledge by intuition, learning without labor, and skill without practice! Nevertheless, the prosperity of the quack is commonly transient, while the man of science, educated power, and acquired skill, receives at last, though tardily, the public acknowledgment of his talents and services. Mr. SAXE closed with an elegant tribute to the services of the profession.

To the graduating class he said:

*Gentlemen:* I have no homily to read you touching the solemn responsibilities which you assume with the practice of the noble profession you have chosen. This is the prerogative of those who, by professional learning and experience, are clothed with that authority which alone can give weight to admonition or sanction to the counsels of prudence. Nor can it be needful to remind you of what you are more likely than the most thoughtful of laymen to have considered—that your profession offers few opportunities for early reputation to the practitioner; that you are to achieve high and permanent honor, not suddenly,

by brilliant exploits, but slowly, by patient continuance in well doing." Let me offer you, rather, words of encouragement and congratulation. If the age is exacting in its demands on the medical student, it is also abundant in aids and resources—of which I may name as among the most important those numerous mechanical helps which give facility and certainty to the diagnosis of disease. Especially let me congratulate you on the possession of those marvellous agents of Anæsthesia—the most valuable discovery of an age prolific of useful and brilliant invention—by which the surgeon and physician are enabled to save many lives, and which have invariably enhanced the power of the profession in its most extended province—the alleviation and prevention of human suffering. Thus adopting the strategy of the profession he addressed, he gave his hearers many a pellet of wisdom, cunningly sugar-coated with the humorous element in his discourse. That it was a palatable dispensation was evident from the frequent applause which broke out enthusiastically on the stage, or occasionally rippled across the hall.

F. B. McNeal M. D., of the graduating class, was Valedictorian. His address was a well-worded acknowledgment to the Faculty of their efficient and pains-taking instruction, which had fitted his class for the responsible duties of the career they had chosen; and together with a recognition of the encouragement of friends, and an address to his fellow-graduates, he closed.

The exercises were materially enlivened by the fine music of Mr. Bergman's excellent orchestra.

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### The University Medical College, New York.

The annual commencement of the Medical Department connected with the University of New York took place on Friday evening, March 1st, at the University building, opposite the Washington Parade Ground. There was a large attendance. Chancellor Ferris presided, and he was assisted in his duties by the Faculty.

The degree of Doctor of Medicine was conferred on the following gentlemen:

*Alabama*—J. M. Clopton, J. T. Learcy, W. Hester—3.

*Connecticut*—W. F. Sanford, A. B Sturges.

*California*—G. E. Sherman.

*Florida*—J. G. Shuttleworth.

*Minnesota*—Eugene C. Rogers.

*Massachusetts*—Wm. Branscomb, H. C. Houghton, H. R. Macomber—3.

*Maryland*—J. B. Webster.

*New York*—Samuel Ayres, J. H. Benedict, Fred. Bomer, S. W. Classen, J. Denniston, S. A. Foster, H. M. Greene, H. D. Grindle, J. F Henry, J. E. Heyden, G. V. Hudson, F. R. Kniche, L. C. Mitchell, M. M. McDonald, P. J. O'Malley, F. J. Randall, O. A. Rieffell, H. Ricabay, R. H. Robinson, O. T. Sherman, L. Spannhake, A. W. Stein, J. D. Sullivan, D. D. Toal, L. C. Warner, J. C. Cooke, M. H. Shaffer, J. W. Ferris, F. L. R. Satterlee—29.

*New Hampshire*—D. M. Edgerly, E. A. Knight, C. W. Stanley—3.

*New Jersey*—T. B. Dawber, P. A. Callan, A. A. Ransom, B. Wilson—4.

*North Carolina*—F. C. Brun, W. Debnam, W. H. Johnson, H. C. Walkup—4

*Oregon*—R. H. Lansdale, J. F. McAfee.

*Pennsylvania*—J. F. Arnold, F. McCammond, H. A. Hart, H. Purcell—4.

*Rhode Island*—W. E. Anthony.

*Virginia*—J. F. Bryant, J. H. Cochran, D. B. Edwards.

*British Provinces*—D. B. McBean, A. M. Ring, W. J. G. Dawson, J. C. Howe, Chas. Inches—5.

*West Indies*—G. P. Raminez, R. R. Martinez, E. A. Sansory Leon.

*Costa Rica*—J. de J. Flores, F. M. Legreda.

*Syria*—K. Rulnyean, J. Wortabet, J. M. Chumkyan. Total, 75.

The subjoined were recipients of certificates of honor for having attended a fuller course of instruction than that usually followed by students:

J. M. Benedict, N. Y.; F. C. Brun, N. C.; P. A. Callan, N. J.; W. J. G. Dawson, N. B.; J. W. Ferris, N. Y.; J. de J. Flores, Costa Rica; H. D. Grindle, N. Y.; Wm. Hester, Ala.; J. C. Howe, N. B.; G. V. Hudson, N. Y.; W. H. Johnson, N. C.; P. J. O'Malley, N. Y.; O. A. Rieffell, N. Y.; F. L. R. Satterlee, N. Y.; J. T. Learcy, Ala.; F. M. Legreda, Costa Rica; O. T. Sherman, N. Y.; G. E. Sherman, Cal.; A. B. Sturges, Conn.; D. D. Toal, N. Y.; H. C. Walkup, N. C.

The prizes were distributed as follows: Mott medals, perpetuated by will of the late Valentine Mott, M. D., LL.D. Eugene C. Rogers, of Minnesota, was awarded the gold medal for the best anatomical preparation; Jos. H. Benedict, of New York, received the silver medal for proficiency in the same studies, and the bronze medal was given to Charles Inches, of New Brunswick, for best report of lectures of one of the professors. Loomis prizes: First, post-mortem case of instruments for the best report of Professor Loomis's clinic for the session just closed, to Wm. H. Johnson, of N. C. Second, pocket case of instruments for second best report of same description, to James T. Learcy, of Ala. Budd prize cases of obstetric instruments for best examination in obstetrics, to Juan de J. Flores, of Costa Rica, and Wm. H. Johnson, of N. C. Roosa prize for best report of Prof. Roosa's clinic, to Jas. T. Learcy, of Ala. Weisse prize for best report of clinic, to Wm. White, of Va. Buttles prize for best report of Prof. Budd's lectures, to Charles Inches, N. B.

At the conclusion of the exercises, the graduates and their friends adjourned to the corner of Seventeenth street and Broadway, where the class supper was partaken of. Speeches were made, and the whole affair was most enjoyable to those present.

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### Irregularity of the Mails.

This is a subject on which we have, of late, had a good deal of cause to complain. In the Pennsylvania Legislature, lately, on motion of Mr. White, "a committee of three was appointed to inquire into and report upon the irregularity in the transmission of mail matter."

### Potent Disinfectant.

The *Dublin Medical Press* states that Dr. DE WAR, Kircaldy, has discovered that "for the disinfection of inanimate material, the addition of a little nitre to sulphur, and the combination of these fumes with the steam of boiling water, improvises a disinfectant at once the most powerful, most searching, and most efficacious that can be obtained, utterly destructive at once of any latent contagion, and of every form of insect life."

—— The London *Lancet* is in doubt what to call several young ladies who recently passed an examination for admission to the Society of Apothecaries. It suggests "apothe-caresses" as an appropriate title. The successful passage of their examination might be styled the apothe-o'-sis.

It took the *London Lancet*, and the *Evening Bulletin* of this city, together, to concoct the above.

## MARRIED.

JARRETT—GLENN.—By the Rev. B. F. Myers, Jan. 30th, in Bethel Church, Dr. Martin L. Jarrett and Miss Fannie Glenn, both of Harford co., Md.

MITCHELL—LEEDS.—Feb. 28th, at St. Mark's Church in this city, by the Rev. Dr. Leeds, J. Sidney Mitchell, M. D., of Chicago, and Helen, daughter of Joseph Leeds, Esq., of Philadelphia.

NASH—PARKER.—Feb. 21st, at the residence of the bride's father, Norfolk, Va., by the Rev. N. A. Okeson, Dr. Herbert M. Nash and Miss Mary A. Parker, daughter of Nicholas W. Parker, Esq., of that city.

REYNOLDS—HULTON.—At the residence of the bride's parents, Feb. 21st, by the Rev. Dr. Preston, of Pittsburgh, B. F. Reynolds, M. D., late of Philadelphia, and Miss Alice Hulton, of Hulton.

YERGER—KENNEDY.—In East Waterford, Juniata co., Pa., on the 12th of February, by the Rev. D. J. Beale, Dr. C. K. Yerger and Miss Lizzie, daughter of Captain James G. Kennedy.

## DIED.

IRVINE.—In Warren co., Pa., Feb. 11th, Dr. IRVINE, a prominent physician, and at one time a politician.—

KIRK.—In East Waterford, Juniata co., Pa., Feb. 13th, Dr. Joseph Patton Kirk, formerly of the United States Navy, aged 54 years.

MCCANDLESS.—In Pittsburgh, Feb. 25th, Lizzie Maud, only daughter of Dr. J. G. and Emma McCandless, aged 18 months.

PETHERBRIDGE.—Feb. 23, of typhus gravior, at the United States Barracks, Carlisle, Pa., in the hope of the Gospel, Colonel John Budd Petherbridge, M. D., U. S. A., in the 41st year of his age.

REYBURN.—On the 23d inst., at Georgetown, D. C., Jennie Langford, aged 8 years, second daughter of Brevet Lieut. Colonel Robert Reyburn, Surgeon U. S. Vols., and Catharine Reyburn, late of this city.

## OBITUARIES.

### William Johnson, M. D.

Died at his residence, Whitehouse, N. J., on Sabbath morning, 13th ult., William Johnson, M. D., in the 78th year of his age.

If "the memory of the just is blessed," how fragrant must be the memories that cluster about this faithful servant of God, who has been gathered to his fathers as a shock of corn fully ripe! A member of the Reformed Protestant Dutch Church of Rockaway for more than fifty years, and for much of that time a ruling elder, with interests and sympathy identified with the cause of Christ, the decease of this "beloved physician" shrouds the Zion of God with gloom.

No man loved the ordinances of God's house and the prayer meeting more than he, nor was any ever more punctual. He realised the power of prayer and its necessity, and with rare gifts of utterance in this exercise he delighted to lead the devotions of the people of God, which he did with singular ability and fervor.

Amid the distracting scenes through which his church has been called to pass, he never forsook his post, but stood like a faithful servant, encouraging the despondent, counselling the erring, and praying with the hopeful few. He lived long enough to see the consummation of his wishes and the answers to his prayers. He lived to see his church a revived and united church, stronger in spiritual and temporal things than ever before, and to be able to say, with the aged Simeon, "Lord, now lettest thou thy servant depart in peace, according to thy word; for mine eyes have seen thy salvation."

V. S.

The above, copied from the *Christian Intelligencer*, speaks of Dr. JOHNSON as a religious man. It was our pleasure to know him for many years as a medical man, and as a contributor to the medical literature of the country. The columns of the NEW JERSEY MEDICAL REPORTER and of this journal have been often enriched by practical contributions from his pen. He had extended and varied experience as a practitioner of medicine, being often thrown upon his own resources in important cases, but was always found equal to the emergency.

If his contributions to medical literature were collected into a volume, they would make a useful addition to our libraries.

### Walter M. Stewart, M.D.

The following resolutions were passed at a meeting of the Hospital Association of this city.

*Resolved*, That we have heard with deep regret, of the death of Dr. WALTER M. STEWART, an active member of this Association.

*Resolved*, That in Dr. STEWART we always recognized a polite and agreeable gentleman, an earnest and indefatigable student, and an ardent lover of his profession, often laboring for the alleviation of human suffering, when he himself was borne down by the disease which terminated in his early death.

*Resolved*, That we tender to the family of Dr. STEWART, our deepest sympathy in their bereavement, and assure them, that we will ever tenderly cherish the memory of our late friend and associate.

*Resolved*, That a copy of these resolutions be forwarded to the family of the deceased, and published in the medical journals of this city.

*Committee*—Drs. WILSON, JENKS, and BARTLES.

## METEOROLOGY.

| February, | 18, | 19, | 20, | 21, | 22, | 23, | 24. |
|---|---|---|---|---|---|---|---|
| Wind..... | W. | N. | N. E. | N. E. | N. W. | E. | N. W. |
| Weather..... | Clear. | Clear. | Cl'dy. Snow. | Cl'dy. Snow. 14 in. | Clear. | Cl'dy. Snow. | Cl'dy. Rain. |
| Depth Rain..... | | | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 33° | 36° | 28° | 23° | 25° | 26° | 37° |
| At 8 A. M..... | 39 | 43 | 27 | 26 | 32 | 24 | 45 |
| At 12 M..... | 48 | 50 | 29 | 33 | 39 | 35 | 52 |
| At 3 P. M..... | 49 | 52 | 30 | 34 | 39 | 35 | 52 |
| Mean..... | 42.25 | 45.25 | 28.50 | 29. | 33.75 | 30. | 46.50 |
| *Barometer.* | | | | | | | |
| At 12 M..... | 30.2 | 30.2 | 30.1 | 29.9 | 30.2 | 30.2 | 29.9 |

*Germantown, Pa.* B. J. LEEDOM.

# Philadelphia Summer School of Medicine,

## No. 920 Chestnut Street, Philadelphia.

**ROBERT BOLLING, M. D.**
**JAMES H. HUTCHINSON, M. D.**
**H. LENOX HODGE, M. D.**

**EDWARD A. SMITH, M. D.**
**D. MURRAY CHESTON, M. D.**
**HORACE WILLIAMS, M. D.**

THE PHILADELPHIA SUMMER SCHOOL OF MEDICINE will begin its third term on March 1st, 1867, and students may enjoy its privileges without cessation until October.

The regular course of *Examinations* and *Lectures* will be given during April, May, June, and September, upon

**ANATOMY, PHYSIOLOGY,**
**SURGERY, OBSTETRICS,**
**CHEMISTRY, MATERIA MEDICA,**
**PRACTICE OF MEDICINE.**

The attention of the profession and of students is invited to the importance of systematic study and of clinical instruction during the summer as well as during the winter, in order to obtain a good medical education in the short time usually required, and to our plan of combining daily Recitations with Lectures and Reading of Text-Books. The object of this School is to teach medicine thoroughly, and to make use of every method that is really valuable.

CLASS-ROOMS contain a cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text Books, Microscope, Chemical Reagents, etc., and in them students may study, practice bandaging, and conduct microscopical and chemical examinations.

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URINARY DEPOSITS AND TESTS.—Students will be instructed in the microscopical and chemical examination of the urine, and will be enabled to make themselves familiar with its practical employment.

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